

2023 Summer Programs Application

APPLICANT GENERAL INFORMATION

DAVID J. SENCER
CDC MUSEUM
PUBLIC HEALTH ACADEMY

Name _____
Last First Middle

Date of birth _____
Month Day Year

Current grade ☐ 10th grade ☐ 11th grade

T-shirt size ☐ Adult Small ☐ Adult Medium ☐ Adult Large ☐ Adult XL ☐ Adult XXL

Gender _____

Ethnicity ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Prefer not to say

Race ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
Mark one or more ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Prefer not to say

Home address _____
Street City, State Zip

YOUR email _____

YOUR phone number _____

Parent/guardian email _____

Current school name _____

Is your school Title I? ☐ Yes ☐ No *Not sure? Ask your counselor or look it up online!*

School town & state _____

How did you hear about us? _____

Citizenship ☐ U.S. Citizen ☐ Non-Citizen Living in U.S. ☐ Non-Citizen Living Abroad

Note: Citizenship information is required for security and building access purposes for in-person camp.

CAMP/COURSE SELECTION

Place a check mark next to the camps/courses for which you would like to apply. If you have a strong preference for one session over another, feel free to highlight it.

Note: Please check your school calendar to ensure that you are not in school during summer programs. You are required to attend all live sessions each day.

Online Summer Course 1: June 12 - 16 _____

Online Summer Course 2: July 10 - 14 _____

Disease Detective Camp 1: June 26 - 30 _____

Disease Detective Camp 2: July 24 - 28 _____

Did you apply to our summer programs in 2022? ☐ Yes ☐ No

Did you attend the 2022 Online Summer Course? ☐ Yes ☐ No

CDC MUSEUM PUBLIC HEALTH ACADEMY CONDITIONS

Students, place a checkmark next to each statement to indicate that you read it and are aware of expectations.

- _____ The *CDC Museum Public Health Academy Online Summer Course* and *CDC Museum Disease Detective Camp* are voluntary attendance programs; participants should arrive on time and eager to participate.
- _____ I have read the Frequently Asked Questions on the camp and/or online summer course application pages.
- _____ Campers must show a government-issued photo ID each day of the in-person camp and are required to wear a CDC-issued ID badge. This is for the safety of each camper and is required by security.
- _____ Students must be 16 years of age by the first day of the in-person camp or online course. Camper or parent/guardian must provide proof of birth date when requested by CDC Museum education staff.
- _____ Disease Detective Camp and Online Summer Course are welcoming environments where all students can openly embrace learning. No bullying or negative behaviors will be tolerated.
- _____ Students who are not able to adhere to program rules will be asked to leave camp or will be removed from the online course.

EMERGENCY CONTACTS (to be filled out by a parent or guardian)

Emergency Contact 1	_____	Emergency Contact 2	_____
Phone number	_____	Phone number	_____
Relationship to applicant	_____	Relationship to applicant	_____

Does the applicant have any medical concern(s) you wish to share with us?

PARENT/GUARDIAN ACKNOWLEDGEMENTS (to be filled out by a parent or guardian)

Parents/guardians, place a checkmark next to each statement indicating that you have read and agree.

- _____ I grant permission for CDC staff to take pictures or videos of my child to be used for marketing purposes without compensation or time limitations.
- _____ I understand there is no tuition cost associated with the CDC Museum Public Health Academy programs, but students are responsible for costs associated with attending camp or course, such as transportation, housing, meals, and internet access.
- _____ I will ensure that my camper will have transportation to and from CDC Roybal Campus at 1600 Clifton Road NE in Atlanta, GA each day for in-person camp or has access to a computer and internet for the online course. Lodging, transportation, internet access, and electronics will not be provided by CDC.
- _____ I understand that my student must be 16 years of age by the first day of in-person camp or online course. At museum education staff request, I will provide proof of birth date of my student. Acceptable forms of birth date confirmation are copies of a birth certificate, passport, learner's permit, or driver's license.
- _____ I understand that all students are expected to fully participate and adhere to stated program rules. I understand that students who break rules may be removed from in-person camp or online course.

SHORT ANSWER + APPLICATION ESSAY QUESTIONS

Submit a separate page with typed responses to the three questions listed below. Remember – these answers will be used to evaluate your application. Put thought into each answer and be sure to proofread.

1. Tell us ONE unique thing we should know about you. This can be a funny story, serious anecdote – anything really! (250 words or less)
2. The CDC Museum Public Health Academy teaches attendees about the scientific field of public health. According to CEA Winslow, public health is “the science and art of preventing disease, prolonging life, and promoting health through the organized efforts and informed choices of society, organizations, public and private communities, and individuals.” Why is this topic appealing to you? (250 words or less)
3. CDC works to keep people safe and happy by analyzing data to determine what public health problems need to be addressed. What problem would you like to solve? Why this problem and what skills do you feel you will need to be successful? (250 words or less)

Mailing Instructions:

- Do not print double-sided.
- Do not staple or fold your application.
- Use a large envelope (9" x 12" or similar size).
- Place all pages in numeric order with your essays at the end.
Include your teacher recommendation form in its sealed envelope.
- Applications must be postmarked (mailed) by March 31, 2023.

CDC Museum Public Health Academy
1600 Clifton Road NE
MS H19-M
Atlanta, GA 30329

CDC MUSEUM PUBLIC HEALTH ACADEMY TEACHER RECOMMENDATION FORM

Name of Applicant _____

Teacher/Guidance Counselor Name _____

Job Title _____

Email Address _____ Daytime Phone _____

Please answer the following questions to help the selection committee evaluate the applicant. Note that the program is highly competitive, with limited slots and an average of 600-650 applicants per year.

1. How long have you known this student and in what context/which class?
2. Describe the student's demeanor in class.
3. Describe the student in three words.
4. How is this student different from others?
5. Rate this student on the following characteristics.

	Below Average	Average	Above Average	Excellent	No Basis for an Opinion
Academic Achievement					
Maturity					
Motivation					
Ability to Work in Teams					
Intellectual Curiosity					
Ability to Adapt to New Situations					

Please return this form to applicant in a sealed envelope and sign the flap.